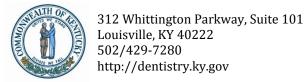
HIV/AIDS	CPR
Bkgrnd	Employment
Registration number	
Date of Issue	

FOR KBD USE ONLY

Kentucky Board of Dentistry



APPLICATION FOR DENTAL ASSISTANT REGISTRATION

Please print in ink or type your responses. List your name as you want it to appear on your registration.

Name					
Last/Suffix		Fi	rst	Middle	
former Name(s)			SSN		
Place of Birth	Date of Birth		Ge	Gender (M/F)	
		mm/dd,	[/] уууу		
Citizen of	If naturalized	U.S. citizen, giv	e date and place		
Home address					
Number & Street PO Boxes Not	Acceptable				
City	State	ZIP	KY County	Phone #	
ntended business address					
Business Name		Number & Stree	t PO Boxes Not Acceptable		
City	State	ZIP	KY County	Phone #	
Preferred mailing address \square Home \square Bus	sings Dothor				
Preferred filanting address - Home - Bus	silless \square Other				
Email address			Cell phone number		
Practice Experience					
Please list employment as a dental assis	stant that includ	des a minimur	n of one (1) vear of		
experience. You must retain at your wo				elow.	
Employer			cation	Dates Worked	
				_	
				_	
☐ Check here if you are qualifying for regist	tration hased on	successful com	nletion of a CODA accred	lited dental assisting	
program. If so, you must attach supporti			•	inted dental assisting	
,	0	, ,	F		
Attestation to be completed by the sup	pervising denti	st			
As the supervising dentist, I have tra				to the competency of thi	
individual to perform duties as mair	ntained in the e	employee's file	in my office.		
Signature of supervising dentist			License number	 Date	

If you a	answer NO to question 1, please attach a full written explanation.				
1.			Yes	No	
	performance level equal to at least the limiting fade of education, otherwise known as	LC V C I T	103	.,,	
If you a	answer YES to any of questions 2-7 or 9, please attach a full written explanation.				
2.	Has any dental assistant registration held by you had any type of disciplinary action tal	ken against			
	it by any state board or government agency?				
Are there any disciplinary actions pending against your registration by any state board or government agency?					
					4. Has a dental assistant registration ever been denied to you by any state?
5. Have you ever voluntarily surrendered your registration while under investigation in any state?					
6. Have you ever been convicted of a misdemeanor or felony?7. Have you ever been sued for malpractice or professional negligence?					
7. 8.	Do you currently have an obligation in a financial aid program administered by the Ker		Yes	No	
Higher Education Assistance Authority (KHEAA)?					
9.	If yes to #8, are you in default of the repayment obligation, per KRS 164.772?		Yes Yes	No No	
that the statements made herein are true, accurate, and complete to the best of my knowledge and belief. I certify that I have not, am not, and shall not practice, be classified, or hold myself out as being able to practice dental assisting in Kentucky until authorization to do so has been granted by the Kentucky Board of Dentistry. In the event that I am licensed by the Kentucky Board of Dentistry, I hereby agree to adhere to and abide by all the statutes, rules, and regulations governing the practice of dentistry in Kentucky. Attach a head and sho photograph taken wit past six months					
I understand that, under Kentucky Law, the submission of any false, fradulent, or forged statement, document, or other matter in connection with this application is grounds for criminal prosecution and denial of licensure. I authorize the Board or its agents to obtain from other sources any information, files, or records necessary for determining my qualifications for licensure.					
	Signature of Applicant				
Sta	ate of)				
Co) ss unty of)				
Si	gned and sworn to before me this				
_	day of 20				
Sig	nature				
0	Notary Public				
M	y commission expires				

Return your application, non-refundable fee, and other required information to:

Kentucky Board of Dentistry 312 Whittington Parkway, Suite 101 Louisville, KY 40222